

**● PRINTER RUSH ●**  
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*IFW*

Application : 10/634167 Examiner : MAWST GAU : 9751  
From : IF Location : IDC FMF FDC Date : 1-3-05

Tracking # : 6037719 Week Date : 11-8-04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input checked="" type="checkbox"/> IDS	<u>11-703</u>	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
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<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
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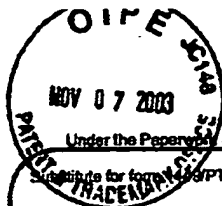
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PTO/SB/068 (08-03)

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STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/634167
Filing Date	08/05/03
First Named Inventor	Clifford H. Allen
Art Unit	
Examiner Name	
Attorney Docket Number	

Sheet 2 of 2

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		CONSUMER REPORTS MAGAZINE, July 2002, pp. 9 Author unknown, Title: No-spill gas cans	

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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